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TITLE: Problems Faced by HIV-Seropositive Injection Drug Users: Implications for Interventions

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BACKGROUND/OBJECTIVE: There has been a growing interest in HIV prevention interventions for HIV-seropositive (HIV+) persons, including HIV+ injection drug users (IDUs). This paper describes some challenges that HIV+IDUs face that need to be addressed in interventions.

METHOD: SUDIS has recruited a cross-sectional sample of 135 sexually active and currently injecting HIV+IDUs (76 males and 59 females) from street locations and health or service organizations in New York (n=60) and San Francisco (n=75). Participants completed an interviewer-administered survey exploring variables such as: sexual behavior, relationship issues, health status, drug use, and psychosocial issues.

RESULTS: Preliminary analyses indicate that many HIV+IDUs face a myriad of problems that may negatively affect their health and risk behavior. High rates of past sexual and physical abuse (54%) are consistent with studies that have linked sexual abuse with acquiring and transmitting HIV. Many HIV+IDUs reported sexual coercion (44%) and physical and verbal abuse (27%) from main partners in the past year. HIV+IDUs live an economically marginalized life. Only 10% reported receiving income from a job in the past 3 months, with other recent income sources being: public assistance or disability (75%), selling drugs (17%), prostitution (10%), and other illegal activities (24%). Paying for or being paid for sex also was common (27%). Participants listed their number one life priority as: HIV (39%), housing (25%), money (16%), violence (7%), and food (6%). Thus, for 54%, a basic living need was a priority over HIV. For those participants on HIV medications (64%), 59% missed one or more doses of their medication in the past month. Finally, more than 50% of the participants reported unprotected sex in the past 3 months with HIV-negative or unknown serostatus main, casual, and sex trade partners, and 13% reported lending a syringe to another IDU in the past 3 months.

CONCLUSION: This preliminary descriptive data shows that IDUs make safer sexual and injection behavior as well as treatment adherence difficult. These factors should be incorporated into intensive interventions, with IDUs.

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